CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received

NAME OF FILER	(LAST)		(FIRST)	2014-	UL -3 (MIDDLE) 42
LOMBARD		JAMES		1	DEAN
1. Office, Agency, or	Court				
Agency Name (Do not us	e acronyms)				
STATE CONTROLL	ER'S OFFICE				
Division, Board, Department, District, if applicable			Your Position		
EXECUTIVE OFFICE			CHIEF ADMINISTRATIVE OFFICER		
▶ If filing for multiple posi	tions, list below or on an attach	ment. (Do not use	acronyms)		
Agency: See attached			Position:		
2. Jurisdiction of Off	ice (Check at least one box)				
✓ State			☐ Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County			County of		
City of			Other		
Oity of			U Other		
3. Type of Statement	(Check at least one box)				
December 3	covered is January 1, 2013, thro 1, 2013.	ough	Leaving Office (Check one)	e: Date Left07	07 , 2014
-or- The period of December 3	covered is/	, through	The period leaving off		ry 1, 2013, through the date of
Assuming Office: Da	ate assumed/	W		d covered is f leaving office.	<u></u>
Candidate: Election	/ear ar	nd office sought, if o	lifferent than Part 1:		
4. Schedule Summar	У				
Check applicable schedu	les or "None."	► Total	number of pages	including this	cover page: 3
✓ Schedule A-1 - Invest	ments - schedule attached	Г	☐ Schedule C - Incom	ne. Loans. & Busin	ess Positions - schedule attached
Schedule A-2 - Invest	ments - schedule attached		Schedule D - Incon		
Schedule B - Real Pr	operty - schedule attached		Schedule E - Incon	ne – Gifts – Travel	Payments - schedule attached
	□ None - A	-Or-	ts on any schedule		
5. Verification		o repertuble interes	no on any sonedate		
MAILING ADDRESS	STREET	CITY	The state of the s	STATE	ZIP CODE
(Business or Agency Address Red	ommended - Public Document)				ZIP CODE
300 Capitol Mall, Su		Sacramento	E MAIL ADDRESS (COTION	CA	95814
(916) 327-8299	6-250.00 (100 00 00 00 00 00 00 00 00 00 00 00 00		E-MAIL ADDRESS (OPTIONAL)		
I have used all reasonable	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
	perjury under the laws of the				
07/02/204					
Date Signed 07/02/2014 Sign			gna		
	(month, day, year)				

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
James Dean Lombard

NAME OF BUSINESS ENTITY	
	► NAME OF BUSINESS ENTITY
CVB Financial Corp.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Chino Valley Bank	·
FAIR MARKET VALUE	FAIR MARKET VALUE
✓ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$10,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_13// 13	, , 12
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 13/13	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	r
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000
Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership (Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	C magning reserved of Anno of Minite (Mahort ou 2 customs C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	// 13 / / 13
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	
Comments:	

MULTIPLE POSITIONS

Agency : Department of Finance

Position: FI\$Cal Steering Committee Member

Agency: State Public Works Board

Position: Member representing Controller